

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/936605

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* * *					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1											
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49												
50												
TOTAL IND.	1											
TOTAL DEP.		15										
TOTAL CLAIMS	16											
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS